

Public Health & Social Services Department
Environmental Health Division
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### **MULTIPLE TEMPORARY FOOD ESTABLISHMENT APPLICATION**

# 2024 Annual Permit (Calendar Year)High/Moderate Risk Menu Items.\$520.00Low Risk Menu Items.\$255.00Additional Hourly Fee (i.e., change in menu review, off-site inspection, etc).\$260.00Late Fees: 13-7 days before event\$40.00

All portions of this application must be completed, legible, signed, and submitted, with full payment, to the Health Department at least 14 days prior to the first public event.

Applications received 2 full business days or less prior to the event may be REJECTED.

APPLICATION AND CONTAC	CT INFORMATION:		
Organization/Business Name:			
Main Contact:	En	nail:	<del></del>
Mailing Address:	City:	State:	Zip:
Primary Phone:	Cell Phone:	Fax:	
Alternative Contact: Name:	Pho	ne:	

Multiple Temporary Food Establishment means a series of single temporary food events, as defined by TEMPORARY FOOD ESTABLISHMENT, where each event shall not last more than twenty-one (21) consecutive days in conjunction with an organized public event using a fixed menu. Permits are valid for the calendar year or until the last scheduled event.

Note: Public Events means an organized event which is advertised to the public by use of flyers, banners, newspaper articles, or by other means, and must have a defined start and stop date not exceeding 21 consecutive days.

#### **QUALIFICATIONS:**

- New temporary food vendors in Thurston County must complete one calendar year of temporary food events without significant food safety violations in order to be eligible for a multiple temporary food permit.
- The operator/applicant of the food service operation must be the same person throughout the year the permit is issued. Note: the Multiple Temporary Food Establishment Permit is non-transferable.
- The list of approved menu items shall remain the same unless otherwise given approval to change. If additional items need to be added, the request must be done in writing and submitted for review. Once approved by the health department, the time for the plan review may be billed as per the hourly fee.
- The menu shall be limited to a maximum of three (3) distinct food preparation processes that require different cooking methods, such as but not limited to: grilling, frying, sandwich preparation, roasting, baking or stir-frying.
- A commissary agreement must be completed and approved (for off-site food preparation, potable water supply or waste water dumping, or for the storage of equipment in-between events).
- A complete event itinerary must be included with the application. If you plan to add events to the itinerary, the operator must notify the health department within five working days prior to the event.

For Office Use Only								
Date Rec'd	Fee	Receipt	Permit #	_Area				

Food Truck or Trailer:  Using a food truck or trailer								
Hot Holding Equipment:	□Steam table □Stove □Chafing dish □Oven □Grill □Crock Pot □Other:							
<b>Cold Holding Equipment:</b>	□Refrigerator □Freezer □Ice chest with ice □Other:							
Transport Equipment:	□ Ice chests □ Cambro boxes □ Refrigerated vehicle □ Other:							
Food Storage Method:	□Approved facility □Trailer □Purchased day of event □Other:							
Overhead Protection:	Method of overhead protection over entire food preparation service area:							
Handwash Sink:	☐Using kitchen with approved existing handwash sink ☐Using portable handwash area with WARM water (refer to Operator's Guide for example)							
Warewashing Equipment:	□Using approved kitchen facility with 3 compartment sink □Using approved kitchen facility with 2 compartment sink – pan/tub for 3 <sup>rd</sup> sink □Will provide portable 3 pans or tubs to wash, rinse and sanitize □Will provide extra utensils / no equipment washing required for operation							
Sanitizer:	□Will provide container for sanitizer, cloths, and test strips (1 tsp. bleach/1 gal cold water)							
<b>Restroom Facilities:</b>	□Within 200 feet □Same building as the event □Trailers – self contained □Portable toilets with handwash stations – provided by Event Coordinator							
Garbage Disposal: □ Provided by Event Coordinator □ Dumpster located on-site □ Will collect and haul away								
Wastewater Disposal:	Wastewater Disposal:  □City of sewer □Commissary/Service Area □Provided by Event Coordinator On-Site □Trailers – use of holding tank							
	THE STORM DRAIN IS NOT A SANITARY SEWER							
	COMMISSARY AGREEMENT							
Organizations or individuals requiring the use of an off-site kitchen facility must be reviewed and approved by the health department. Inspection fees may apply if the facility is NOT currently permitted as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement.								
Food Service Operator re	equiring the use of an off-site kitchen facility must complete the following information:							
I,	allowto use							
	□ Cold Food Storage □ Cooking □ Hot Holding □ Dry Food Storage □ Approved Water Supply □ Wastewater disposal							
Date Kitchen will be used fo	r this event: Time of use:							
Signature of Kitchen Ow	ner/Operator Date							
Kitchen Facility Owner/Ope.	rator Phone Number Kitchen Facility Address City							
For Office Use Only  APPROVED DENII	ED COMMENTS:							

# HANDLING PROCESS FOR FOOD AND BEVERAGE MENU ITEMS LIST ALL MENU ITEMS, INCLUDING INGREDIENTS FOR EACH FOOD & SOURCE OF FOODS

	,		Thermometer Required When Coo			
List All Food & Beverage Items and Where They Were Purchased From (If WSDA Permitted, Provide Permit#)	Is There Off-Site Preparation and/or Storage? (If yes, complete commissary agreement on page 2)	How Will Food Be Transported to the Event	How Will On-Site Food Preparation For Each Listed Menu Item Be Cooked and Assembled? (i.e. washing vegetables, chopping, reheating, steaming, grilling, sautéing, etc.)	Final Cooking Temperatures	How Will Food Be Hot or Cold Held? Hot 135°F or above Cold 41°F or less *NO COOLING ON SITE*	How Will Each Menu Item Be Handled and Served to the Customers?
Example: BBQ Beef Sandwiches / Ingredients and buns purchased at store.	No – All food will be purchased the day of the event.	Ice Chest/ Cooler. Raw meat and produce in separate coolers	Cook raw beef in pot on burner, shred, and toast buns on grill per each order. Using tongs, place beef on buns and assemble with disposable gloves.	Heat to internal temp of 160 °F	Chafing dish used for hot holding beef. Ice chests used for cold holding.	While using disposable gloves, each sandwich is foil wrapped and served to customer

## Washington State ISSUED Food & Beverage Service Worker's Card:

List those cardholders who shall be assigned as the Person-In-Charge (PIC) during the event.

Name:						Expiration Date:						
Name:												
Name:												
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ommodate a	all activity	and food	storage. <u>I</u>	Please att	ach a se	parate o	locumen	t when	submitt	ing app	lication.	
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**Please Note:** If you are setup at a public event that is not listed on the event itinerary, the operator of the multiple temporary food booth may be required to purchase a single temporary food permit. Remember to contact our department within five (5) working days, if you need additional events added to your event itinerary.

# Multiple Temporary Food Establishment Event Itinerary

For Office Use Only Inspection Completed	Public Eve	Main Contact:ent Name:	Location:		
	Event Date	s:	Hours of Food Se	rvice:	
	Menu Item	s Served			
	Water Sour	rce: City Water Supply:	☐ Public Well Water ID#:	□ Private Well	☐ Bottled Water
	Public Eve	ent Name:	Location:		
	Event Date	s:	Hours of Food Se	rvice:	
	Menu Item	s Served			
			□ Public Well Water ID#:		☐ Bottled Water
	Public Eve	ent Name:	Location:		
	Event Date	s:	Hours of Food Se	rvice:	
	Menu Item	s Served			
			☐ Public Well Water ID#:		
	Public Eve	ent Name:	Location:		
	Event Date	s:	Hours of Food Se	rvice:	
	Menu Item	s Served			
			□ Public Well Water ID#:		☐ Bottled Water
	Public Eve	ent Name:	Location:		
	Event Date	s:	Hours of Food Se	rvice:	
	Water Sour	ce:   City Water Supply:	□ Public Well Water ID#:	□ Private Well	☐ Bottled Water
	Public Eve	ent Name:	Location:		
			Hours of Food Se		
			☐ Public Well Water ID#:		☐ Bottled Water